U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

| | For Official Use Only |
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| E | Normal Services |

Constitute of the second section of the second READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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| 1, File Number U - 7/53 | 2. Fiscal Year Covered From: |
| Δ | 1 / 1 / 04 Through: 12 / 31 / 04 |
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. |
| Name Ron Lach | Name Sheet Metal Workers Local 12 |
| | Labor Organization File Number 043-400 |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any |
| Street 1200 Gulf Lab Road | Street 1200 Gulf Lab Road |
| City Pittsburgh | City Pittsburgh |
| State PA ZIP Code + 4 1523 | 8 State PA ZIP Code + 4 15238 |
| 5. Position in labor organization. | ORGANIZER |
| A. Held an interest in, engaged in transactions (including loans) v | the exclusions set forth in the instructions): with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. |
| A. Held an interest in, engaged in transactions (including loans) of monetary value from an employer whose employees your orgonometers of Employer (including trade name, if any). Name | with, or derived income or other economic benefit of |
| A. Held an interest in, engaged in transactions (including loans) of monetary value from an employer whose employees your org. 6. Name and address of Employer (including trade name, if any). | with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. |
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| A. Held an interest in, engaged in transactions (including loans) of monetary value from an employer whose employees your org. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: | with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |
| A. Held an interest in, engaged in transactions (including loans) of monetary value from an employer whose employees your org. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any | with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |
| A. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your org 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street | with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |
| A. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your org 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City | with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |
| A. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your org. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature enalty of Perjury and other applicable penalties of the law, that all of the information companying documents), has been examined by the signatory and is, to the best of the |

| Name of Person Filing Ron Lach | File Number U- | |
|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization. | erwise dealing with the business stively seeking to represent, or adirectly to, or otherwise | |
| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | |
| Name | d of Manage | |
| Trade Name, if any: | l | |
| P.O. Box, Bldg., Room No., if any | - Maradari | |
| Street | c. Еmployer | |
| City | | |
| State ZIP Code + 4 | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | |
| Name | | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | 11.b. Approximate dollar value of such dealing. | |
| City | 12.a. Nature of interest held or income received. | |
| State ZIP Code + 4 | | |
| | | |
| | | |
| | | |
| | 12.b. Amount. | |
| C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money | er parts A and 8 above) or other thing of value. | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | |
| Name Jubelirer, Pass & Intrieri, P.C. | Christmas gift of food and beverage valued at \$75.00 from law firm who | |
| Trade Name, if any: | represents Sheet Metal Workers Local 12. | |
| P.O. Box, Bldg., Room No., if any | | |
| Street 219 Fort Pitt Boulevard | | |
| City Pittsburgh | | |
| State PA ZIP Code + 4 15222 | | |
| 13.b. Is the Business an Employer x or Consultant ? | 14.b. Amount of payment. \$75.00 | |

| Name of Person Filing RON LACH | File Number U- | | | |
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| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | | |
| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | | | |
| Name | | | | |
| Trade Name, if any: | a. Labor Organization b. Trust | | | |
| P.O. Box, Bldg., Room No., if any | c. Employer | | | |
| Street | C. Employer | | | |
| City | | | | |
| State ZIP Code + 4 | | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | | | |
| Name | | | | |
| Trade Name, if any: | | | | |
| P.O. Box, Bldg., Room No., if any | | | | |
| Street | 11.b. Approximate dollar value of such dealing. | | | |
| City | 12.a. Nature of interest held or income received. | | | |
| State ZIP Code + 4 | | | | |
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| | 12.b. Amount. | | | |
| | 12.0. Amount. | | | |
| C. Received from any employer (other than an employer covered or from any labor relations consultant to an employer any payment of m | under parts A and B above) oney or other thing of value. | | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. July 27,2004 | | | |
| Name UPMC Health Plan | Golf Outing, including lunch and refreshments. | | | |
| Trade Name, if any: | | | | |
| P.O. Box, Bldg., Room No., if any | | | | |
| Street One Chatham Center 112 Washington P | | | | |
| City Pittsburgh | | | | |
| State Pennsylvania ZIP Code + 4 15219 | | | | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. \$200 | | | |